

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14248

State File No.

FILED MAY 8 1953

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1091</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelly Convalescent Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>4123 Independence Ave</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> | | b. (Middle) <u>C.</u> | | c. (Last) <u>HITTEHMARK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April-19-1953</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>April-13-1876</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Round House Foreman-Ret. Railroad</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Gomeroy Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME (Type or Print) <u>Ernest D. Hittenmark</u> | | ADDRESS <u>Colonial Heights</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6-8 Months</u> | |
| 19a. DATE OF OPERATION | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deirding</u> | | | | 151X | |
| 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> , to <u>Apr. 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>—</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. E. Riller</u> (Type or Print) <u>MD</u> | | | | 23b. ADDRESS <u>530 Prof. Bldg., KC Mo</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Apr. 21, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City - Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>4-20-53</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Spears</u> | | ADDRESS <u>Indep. Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

| | | | | |
|--|--|---|---|--|
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of stomach</u> | | ONSET AND DEATH <u>68 mos</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile</u> DUE TO (c) | | new record 4-20-53 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>June, 1952</u> to <u>Apr. 7, 1953</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED | | |
| <u>L. D. Keller, M.D.</u> | <u>530 Rm Bldg. K C Mo</u> | <u>4/20/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) | |
| <u>Removal</u> | <u>April 21-53</u> | <u>Mt. Calvary</u> | <u>St. C. Kansas</u> | |
| DATE REC'D BY LOCAL REG | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS |
| <u>4-20-53</u> | <u>Geraldine Smith</u> | <u>Roland R. Speaks</u> | | <u>Indep. Mo</u> |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

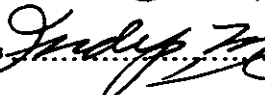
1953 S-14249

Signed



Licensed Embalmer No. 360

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.